
	Division of Environmental Health and Communicable Disease Prevention	
	<b>Section: Tuberculosis Case Management Manual</b>	Revised 12/03
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## Tuberculosis Case Management Manual Table of Contents

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## Introduction

This manual contains the policies, procedures, and recommendations of the Section for Communicable Disease Prevention, Disease Investigation Unit and the Missouri Department of Health and Senior Services. It is intended as a guide for local and district health offices and other health care professionals who serve those in need of tuberculosis care. These guidelines were derived from statements and recommendations published by the Centers for Disease Control and Prevention, the American Thoracic Society, Infectious Disease Society of America and the American Lung Association. This manual should be used as a basis for providing patient care and community control of tuberculosis throughout Missouri.

- The copy of CDC's "Core Curriculum on Tuberculosis: What Clinicians Should Know, 4<sup>th</sup> edition, 2000" is still the most current edition and should be maintained with this manual.
- The "*Contact Investigation for Tuberculosis, Self-Study Module #6*" was developed by the CDC to standardize contact investigations. This details the steps in conducting a contact investigation and should be maintained with this manual.
- The American Thoracic Society document – "American Thoracic Society/Centers for Disease Control and Prevention/Infectious Disease Society of America: Treatment of Tuberculosis" is the new guidelines for the treatment of Tuberculosis and should be maintained with this manual.

The diagnosis and treatment of tuberculosis is complex, especially in the treatment of multi-drug resistant tuberculosis. While the material contained in the manual, *Core Curriculum, Module 6*, and ATS/CDC/IDSA guidelines, is extensive, questions may arise that are not fully covered. Further consultation and discussion with medical experts is encouraged.

Policies and procedures in this manual supersede all guidelines previously issued by the Section for Communicable Disease Prevention, Disease Investigation Unit. This manual is in loose-leaf form so that each section can be revised with each newly distributed section superseding the previous one.

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**Missouri Department of Health and Senior Services  
Section for Communicable Disease Prevention  
Disease Investigation Unit**

**Mission Statement**

The Mission of the Section for Communicable Disease Prevention, Disease Investigation Unit is to prevent, control, and eliminate tuberculosis disease in Missouri. In cooperation with others, we will lead efforts to:

- Conduct assessments
- Develop policies
- Conduct Surveillance
- Control outbreaks
- Educate health professionals and the public
- Assure treatment


So that every individual has the opportunity for a healthy life.

**Vision Statement**

The Vision of the Section for Communicable Disease Prevention, Disease Investigation Unit is that Missouri will be a state of healthy communities with healthy people free from tuberculosis diseases.


**Values**

The Section for Communicable Disease Prevention, Disease Investigation Unit is dedicated to improving health in Missouri. The staff values honesty, integrity, and respect for the people we serve and with whom we work. We are committed to education as a means of prevention. We are accountable, productive employees who strive for creative approaches and innovative solutions through effective communication and teamwork.

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## What you need to know – Telephone numbers and addresses

Disease Investigation .....	(573) 751-6122
.....	(866) 628-9891
Harvey Marx, Section Chief	
930 Wildwood Dr., PO Box 570, Jefferson City, MO, 65109.....	(573) 751-6268
Missouri Rehabilitation Center (MRC).....	(417) 466-3711
(Emergency, Weekend & Holiday, Chest X-ray Consultation)	
600 N. Main, Mount Vernon, MO, 65712	
Fax.....	(417) 466-7257
Preferred Pharmacy Services.....	(660) 584-2110
(Contract Pharmacy)	
2019 Main St. Higginsville, MO 64037	
Director of TB: American Lung Association, Eastern MO .....	(800) 586-4872
	(800-LUNG-USA)
Director of TB: American Lung Association, Western MO.....	(816) 842-5242
Lynelle Phillips.....	(573) 751-6498
Central District & Metro Areas	
Lynn Tennison.....	(573) 840-9733
All other Districts	
David Oeser.....	(573) 751-6411
Diagnostic Services, Department of Corrections, Refugee Health Program	
TB State Laboratory.....	(417) 466-3711

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## Roles and Responsibilities in the Control of Tuberculosis


### General Information

Tuberculosis services in Missouri are provided on a cooperative basis by the Section for Communicable Disease Prevention, Disease Investigation Unit of the Missouri Department of Health and Senior Services, health care providers, including public and private hospitals, laboratories, long-term care facilities, home health agencies, community health nurses in local and district health departments, metropolitan tuberculosis clinics, the American Lung Associations of Eastern and Western Missouri, and the Missouri Rehabilitation Center.

Recommendations and guidelines for these services are provided by the Centers for Disease Control and Prevention (CDC) and the American Thoracic Society (ATS) and the Infectious Disease Society of America (IDSA).

The CDC provides major funding for tuberculosis control services. Funds are also provided by the State of Missouri from General Revenue for medications and laboratory services at the Missouri State Tuberculosis Laboratory and tuberculosis inpatient care at the Missouri Rehabilitation Center at Mount Vernon. Additional funds are also provided by local public health agencies.


The roles and responsibilities of each are explained in the following pages.

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## **Roles and Responsibilities in the Control of Tuberculosis** **Section for Communicable Disease Prevention** **Disease Investigation Unit**

**Section for Communicable Disease Prevention, Disease Investigation Unit** has the overall responsibility for surveillance, containment, management and assessment of tuberculosis activities in the state. Specific duties include:

- Provide a medical consultant who is available for case consultation and x-ray interpretation.
- Formulate and distribute guidelines for tuberculosis control in Missouri, utilizing established recommendations of the Centers for Disease Control and Prevention (CDC), the American Thoracic Society (ATS), and the Infectious Disease Society of America (IDSA).
- Provide epidemiological, technical, medical and programmatic consultative services regarding tuberculosis control to public and private health care providers, including local and district public health units, public and private physicians and nurses, and public and private health care facilities.
- Purchase anti-tuberculosis drugs and biologicals and contracting for their distribution.
- Implement the Diagnostic Services Program, which provides funding for medical evaluation for tuberculosis disease and infection, chest x-rays, and sputum induction if necessary for all residents who need such services, provided that they have no medical insurance and are unable to pay.
- Implement the Refugee Health Program. The Section for Communicable Disease Prevention, Disease Investigation Unit receives notification of refugees and immigrants settling in Missouri. The unit forwards the notification to the appropriate local health unit, which provides basic health assessments, including tuberculosis, hepatitis B, intestinal parasites, and immunization status.
- Work closely with the Missouri State Tuberculosis Laboratory, located at the Missouri Rehabilitation Center (MRC) in Mount Vernon, to ensure quality laboratory services in the state.
- Ensure that reporting regulations are met and assist local public health agencies (LPHA) in enforcing commitment laws when necessary.

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- Verify and count all new and recurrent cases of tuberculosis disease and known tuberculosis infection within the state, along with identified cases of mycobacteria other than tuberculosis (MOTT). The unit also maintains a register for all known persons with confirmed tuberculosis disease or infection.
- Maintain a register of tuberculosis cases with drug resistant organisms, and provide drug resistance incidence data and technical advice regarding appropriate treatment regimens to health care providers throughout the state. Consultation on case management is provided to local and district health departments and other health care providers.
- Compile and distribute epidemiological data on the incidence and location of tuberculosis disease and infection in Missouri.
- Conduct interstate transfer of information regarding tuberculosis patients and their contacts.
- Conduct semiannual evaluations of program quality indices, which are then forwarded to the CDC, and on-site evaluations of tuberculosis control programs in metropolitan areas, the Missouri Rehabilitation Center, and other areas as appropriate. Such objective evaluations are used to determine strengths and weaknesses of local program efforts and to identify specific needs, which the unit can help to address.
- Coordinate closely with the Missouri Advisory Committee for the Elimination of Tuberculosis (MACET) in implementing TB elimination strategies such as annual program assessments at all of Missouri's major metropolitan TB programs.

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## Roles and Responsibilities in the Control of Tuberculosis Health Care Providers

**Health care providers**, including general hospital outpatient departments, infirmaries of state and local correctional and mental institutions, federal facilities, as well as local health departments and private providers in the community, carry out the roles of evaluating, diagnosing, prescribing, and monitoring the medical care of those persons with tuberculosis disease or infection. According to the ATS, CDC, ISDA latest recommendations for the Treatment of Tuberculosis (MMWR 6/20/03/vol.52/No. RR-11) “The responsibility for successful treatment is clearly assigned to the public health program or private provider, not to the patient.”

Physicians, hospitals and laboratories in Missouri are required by the Missouri Department of Health & Senior Services Regulation 19 *CSR20-20.020* (see appendix 3) to report within twenty-four (24) hours to the Department of Health and Senior Services or local health authority any suspected or confirmed tuberculosis disease and within three (3) days for tuberculosis infection. (Instructions for completing morbidity reports can be found in section 8.0).


The reporting of each person with new or recurrent tuberculosis disease and each person with tuberculosis infection allows the resources of the local and/or district health offices and the Section for Communicable Disease Prevention, Disease Investigation Unit to become available to assist the provider in the appropriate management of the patient.

In addition to the Diagnostic Services Program (See Section 7.0), epidemiological services are available to identify and examine source cases and contacts. The local health unit may have chest x-ray capability. Some may have local laboratory services and local medical consultation. All local health units are able to link the health care provider with all services provided by the Missouri Department of Health & Senior Services to assist the provider in the treatment and follow-up of each tuberculosis patient.

Close cooperation between health care providers and the local or district public health office is imperative for the optimal outcome for the patient, contacts, and the community as a whole. Physicians and other providers described above are required to cooperate with the local or district public health office when a report is requested on the follow-up care being given to a patient. Periodic updates are required to monitor the patient’s bacteriologic, x-ray, and chemotherapy status, or preventive treatment status.

**Any person who knowingly conceals tuberculosis disease or infection may be deemed guilty of a class A misdemeanor. The penalties for such misdemeanors include a fine not to exceed \$1000 and/or imprisonment for a term not to exceed one year. (see 192.320; 560.016.1.(1); and 558.011.1.(5), *RSMo* (1994) in Section X).**




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## Roles and Responsibilities in the Control of Tuberculosis Private Laboratories

**Private laboratories**, in accordance with *CSR 20-20.080* (see Appendix 3), have the responsibility to report the findings of any test that is suggestive of tuberculosis, most specifically positive smears for acid-fast bacilli (AFB) and positive cultures for *Mycobacterium tuberculosis*. These reports shall be made within twenty-four (24) hours and shall designate the date the specimen was obtained, the test performed, the results of the test, the name of the health care provider who ordered the test, along with the name and address of the patient.

In addition, in order to provide epidemiological data and information regarding tuberculosis in Missouri including drug-resistance patterns and clusters found through DNA fingerprinting, all private laboratories are strongly encouraged to provide an isolate of all cultures positive for *Mycobacterium tuberculosis* to the Missouri State Tuberculosis Laboratory at the Missouri Rehabilitation Center, 600 North Main, Mount Vernon, Missouri 65712, Telephone 417/466-3711.

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## **Roles and Responsibilities in the Control of Tuberculosis Public Health Nurses in the Local Public Health Agency**

**Public Health Nurses in the Local Public Health Agencies** are a vital link in a successful tuberculosis control program. The role of the public health nurse in the control of tuberculosis is very important, whether the patient is hospitalized or is being treated on an outpatient basis. The nurse has a major responsibility for instructing the patient in the importance of continuous and uninterrupted drug therapy and precautions to take to prevent the transmission of infection.

Case management for the individual patient, as provided by the public health nurse, is the key to successful completion of antituberculosis chemotherapy and infection treatment. Directly observed therapy (DOT) is the standard of care for all active TB patients. Monthly monitoring of the patients' clinical status, compliance with antituberculosis medications, side effects of medications, need for additional sputum examinations, liver function studies, if needed, and referral to health care providers as necessary, allow for the outpatient treatment of tuberculosis patients. A monthly report of each patient's status is forwarded to the Section of Communicable Disease Prevention, Disease Investigation Unit through the district health office. The Follow-Up of Tuberculosis Patients (TBC-12) can be used for this purpose (See Section 8.9).

The public health nurse works closely with the physician to maintain standards of care for each patient, and is responsible for contacting any health care provider, including outpatient departments, infirmaries of state and local correctional and mental institutions, federal facilities as well as private physicians to monitor the current status of any patient residing in that county.


The public health nurse also maintains surveillance for tuberculosis within the community and serves as liaison between local health care providers and facilities and the bureau.

Specific responsibilities include:

### **Initial Patient Visit.**

This visit may be in the patient's home, the hospital, or the local health unit. The initial visit by the public health nurse, in consultation with the primary health care provider, will be made in a timely manner after receiving the report of a newly diagnosed or suspected case of tuberculosis. **The initial visit is often the key to eventual successful completion of adequate treatment for the patient as a means of securing cooperation. Follow-up of contacts and/or identification of additional contacts are further enhanced by the initial home visit.**

Reports of a patient with tuberculosis disease may come from the district health office, the Section for Communicable Disease Prevention, Disease Investigation Unit, health care providers or facilities. The tentative diagnosis may be made on the basis of smears that are positive for

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AFB, symptoms and x-ray findings compatible with tuberculosis disease. Individuals with positive smears are usually highly infectious, and the public health nurse must be prepared with appropriate personal mask (N 95) for his/her protection. The health care provider should start the patient on appropriate antituberculosis chemotherapy (see Chapter 7 of *Core Curriculum*) as soon as tuberculosis is suspected.

### **Contact Identification:**

It is the responsibility of the public health nurse to initiate contact identification and to assure that all contacts are examined and appropriately managed. Examinations of high-risk contacts to current infectious cases of pulmonary or laryngeal tuberculosis represent the most productive method of case finding. Below is a summary of the contact investigation process. Refer to the *CDC Contact Investigation For Tuberculosis Self-Study Module #6* for further details.


### **Assessment of the Patient:**

**Observation for Infectiousness:** In addition to a general physical assessment, the public health nurse should observe the patient for evidence of the potential for transmission, i.e., coughing. Observe the general hygiene of the patient to determine if the patient may need to be coached regarding covering the nose and mouth for every cough or sneeze, disposal of tissues, and collection of specimens without contamination, etc.

**Current and Prior Medical History:** The public health nurse should determine if the patient has been in contact with another known case of tuberculosis or had a previous history of tuberculosis disease or infection. Other important information to gather includes symptoms of tuberculosis, any other illnesses within the recent past, any other current chronic illnesses, any medications the patient is currently taking, and any problems with compliance and adverse effects.

**Coping Skills:** The public health nurse should assess emotional reaction of the patient and his family, including the patients' and families' feelings regarding the diagnosis and recommended treatment and the resources available to cope with the disease. Specific information as to any self- or family-identified barriers to taking daily medications, watching for side effects, collection of sputum specimens, monthly clinic visits, contact examination, and any other parameters to tuberculosis care must be thoroughly explored at this time. The public health nurse, the patient, and the family can then begin to develop a plan to answer those concerns.

**Interview for Contacts:** The public health nurse should administer tuberculin skin tests to household contacts and schedule other close contacts for tuberculin testing within one week of notification of the case. Public health nurses must have a standing order for tuberculin skin testing of contacts. Should the tuberculosis suspect later prove to have disease caused by a mycobacterium other than tuberculosis (MOTT), the contacts with documented tuberculin skin

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tests < 10 mm should be reevaluated and determination made regarding preventive treatment. For those with tuberculin skin tests  $\geq$  10 mm, it is appropriate to continue preventive treatment to completion.

**Patient Education:** (see Section 10.0): Patient education should be focused on achieving an understanding of: the disease process; the reason for chemotherapy for the patient and preventive treatment for contacts; the importance of continuous and uninterrupted therapy; the importance of maintaining regular medical supervision; the signs and symptoms of potential side effects of the prescribed medications and what course of action to follow should these happen; transmission of tuberculosis and methods of prevention; the importance of covering the nose and mouth with tissue every time when coughing or sneezing whether alone or with others, and proper disposal of tissue; the probable duration of the infectious period; the need for adequate ventilation; the fact that dishes, linens, and other fomites require no special precautions; the potential benefit of sleeping apart from the rest of the family during the infectious period; the reason for contact identification and examination.


**Medication Information:** The public health nurse obtains orders from the primary care provider for chemotherapy and arranges for filling the prescription with the contract pharmacy (see Section 4.4). Only a one (1) month supply of medications may be given to the patient at any time. Monitoring for potential side effects of the medications is provided at least monthly.

If any prescription calls for a dose or method of administration, which is different from what CDC recommends, (see the ATS/CDC/ISDA Treatment Guidelines) the public health nurse shall consult with the district tuberculosis control nurse, the Section for Communicable Disease Prevention, Disease Investigation Unit, and/or the local health officer for further instructions before issuing the drugs.

**Specimen Collection:** The public health nurse is responsible for providing containers, mailing tubes, and instructions to the patient for collecting any needed laboratory specimens (see Section 3.1). Sputum inductions may be needed for persons unable to produce sputum specimens. This procedure may be obtained through Diagnostic Services. (see Section 7.0)

**Directly Observed Therapy (DOT):** The public health nurse is responsible for ensuring that the patient does not develop drug resistant tuberculosis due to mismanagement of antituberculosis treatment. The most effective way and the standard of care for all tuberculosis patients is DOT (see Section 4.6).

### **Contact Follow-up:**

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When a case is identified in any long-term care facility, including state or federal institutions (except Federal Medical Correctional Facility), the public health nurse must immediately contact the appropriate individual at that institution to ascertain the progress of contact investigation. It is normally the responsibility of the institution to test contacts residing or employed within the institution and the responsibility of the local health unit to test contacts outside the facility.

The public health nurse assures that the contact investigation has begun, assists in the investigation if requested, administers tuberculin skin tests to contacts identified outside the institution but within that city or county, and notifies the unit of contacts requiring examination but residing in other jurisdictions. Contacts are to be followed according to the recommended schedule (see *Contact Investigation for TB*). Contacts on infection treatment must be followed and monitored monthly (see Section 5.0).


Contact investigation information is forwarded to the Unit, through the district health office, whether the local health department or the private health care provider or facility does testing.

The public health nurse is responsible for documenting in the patient's folder all components of the home or clinic visits, contact examination results and follow-up, treatment regimen, collection of specimens, smear and culture results, chest x-ray reports, other laboratory reports, assessment of compliance, and any other information pertinent to the appropriate case management of the patient.

Appropriate records and reports are to be completed by the public health nurse. These records may include: *(These forms are suggested, but not required.)*

- Patient's folder,
- Disease Case Report (CD-1),
- Tuberculosis Testing Record Infection Report (TBC-4) (for infected contacts),
- Tuberculosis Drug Monitoring Form (TBC-1),
- TB Medication Request (TBC-8),
- TB History (TBC-10),
- Tuberculosis Case Register Card (TBC-15A) (optional),
- Tuberculosis Worksheet for Contacts of New TB Cases (TBC-13),
- Follow-Up Report on Tuberculosis Patients (TBC-12)

In addition, the public health nurse should request assistance from the appropriate local authority to enforce, when necessary, regulations to protect the health of the public (see Appendix 3). The Section for Communicable Disease Prevention, Disease Investigation Unit will assist the public health nurse with this responsibility.

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## **Roles and Responsibilities in the Control of Tuberculosis Metropolitan Tuberculosis Control Programs and Clinics (St. Louis City, St. Louis County, Kansas City, and Springfield/Greene)**

The basic role of the Metropolitan Tuberculosis Control Program is to assure the provision of comprehensive tuberculosis control services to persons with known or suspected tuberculosis disease or infection, with as little disruption in their daily lives as possible. They are expected to seek out and discontinue unnecessary or outmoded practices, which may negatively impact the control of tuberculosis in their jurisdictions.

Metropolitan tuberculosis clinics have a major responsibility to prevent unnecessary hospitalization by performing, when possible, necessary diagnostic tests providing appropriate treatment on an outpatient basis. Principal duties include assuring that persons on therapeutic or preventive regimens take their medications, and monitoring those persons to minimize drug induced problems.

Tuberculosis clinics are patient oriented. Minimal services to be provided by the tuberculosis clinic are:

- Physician evaluation, including medical history;
- Tuberculin skin test (Mantoux only);
- Chest X-rays;
- Collection of sputum specimens—natural and induced;
- Other appropriate laboratory test;
- Other screening procedures, as indicated, prior to initiation of drug therapy and at appropriate intervals thereafter;
- Provision and/or administration of anti-tuberculosis medication, including directly observed therapy;
- Contact identification, notification, and examination, with appropriate follow-up consultation to other health care providers regarding tuberculosis control;
- Educational services.

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## **Roles and Responsibilities in the Control of Tuberculosis Missouri Rehabilitation Center's (MRC) Tuberculosis services**


For many years, the Missouri Chest Hospital, now the **Missouri Rehabilitation Center (MRC)** has played a significant role in the control of tuberculosis in Missouri. MRC is under the ownership of the University of Missouri. Currently, tuberculosis patients requiring inpatient care who do not have appropriate facilities in their area may be sent to MRC for hospitalization. Also, when a LPHA obtains a court order on a noncompliant patient, they are quarantined at MRC, as dictated in RSMo199.180. A **Tuberculosis control clinic** is held weekly, where outpatients may receive necessary diagnostic and prescriptive care, including contacts to people with active tuberculosis.

The **Missouri Tuberculosis Laboratory** process specimens submitted by LPHAs at no charge to the patient, health care provider, or LPHA. The laboratory is state-owned and is a branch of the State Public Health Laboratory. Specimens submitted by private health care providers, health care facilities, or other laboratories are processed at a nominal fee. The results of acid-fast bacilli (AFB) smears, mycobacterial cultures, anti-tuberculosis drug sensitivity studies, and mycobacterial organism identification are included in the services provided. The laboratory serves as the Tuberculosis Reference Laboratory for the entire state. A complete listing of services offered can be found on the Missouri Department of Health and Senior Services website.

Specimen containers and Federal Express shipping materials may be obtained at no charge to patients or LPHAs by calling and asking for the laboratory at (417) 461-5390.

Consultation is available regarding appropriate and effective anti-tuberculosis drug regimens, as well as laboratory and chest x-ray interpretation. Chest x-ray interpretation will include a fee.



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## Roles and Responsibilities in the Control of Tuberculosis Governmental and Voluntary Agencies

**The American Thoracic Society (ATS), Centers for Disease Control and Prevention (CDC) and the Infectious Disease Society of America** provide official recommendations and guidelines for the control of tuberculosis, including standards of care for persons with known or suspected tuberculosis infection or disease, diagnostic methods, effective and appropriate anti-tuberculosis drug regimens, laboratory standards, contact identification, examination and follow-up, and methods for preventing the transmission of tuberculosis within health care facilities and long-term care institutions. These agencies also provide education, consultation and technical assistance as necessary to the Missouri Department of Health & Senior Services, the Section for Communicable Disease Prevention, as well as public and private health care providers throughout the state.

The CDC also provides the major portion of funds for the control of tuberculosis in Missouri. These funds are provided by several methods. These methods include a cooperative agreement between the Section for Communicable Disease Prevention, Disease Investigation Unit and the CDC, the Health Services Block Grant to Missouri, CDC-employed Public Health Advisors who are assigned to the unit, and special grants.

Cooperative agreement funds provide for salaries and travel funds for some unit staff, contracted tuberculosis control services for major metropolitan areas of the state, as well as mycobacterial laboratory services.


Block Grant funds support pharmacy services, including anti-tuberculosis medications which are provided to persons free of charge, liver function studies for the monitoring of adverse effects of anti-tuberculosis medications, and diagnostic and prescriptive services through private health care providers for indigent patients with no other form of third party payer.

Special grants include the Refugee Health Program, which provides screening and appropriate referral for tuberculosis, sexually transmitted diseases including HIV, intestinal parasites, and other communicable diseases, to all refugees coming in to Missouri. Another special grant provides for the matching of persons dually infected with tuberculosis and HIV.

**The State of Missouri** provides general revenue funds for salaries; tuberculosis medications, laboratory services and tuberculosis inpatient care at the Missouri Rehabilitation Center at Mount Vernon.

**The American Lung Associations** of Eastern Missouri and Western Missouri provide sponsorship of educational offerings, printed materials, teaching aids, and, through contracts



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with the Section for Communicable Disease Prevention, the management of the Incentives Program for tuberculosis patients throughout the state, as funds are available.